AIDS WSLETTER

a monthly publication from the
Massachusetts Department of Public Health/Boston Department of Health and Hospitals
Vol. 1 January 1985 No. 1

U P D A T E

As of November, 1983, AIDS was made a mandatory reportable disease by the Massachusetts Department of Public Health, on Centers for Disease Control (CDC) case report forms. In Boston, the case reports are sent to the Boston Department of Health and Hospitals, while the remainder of the Commonwealth reports cases to the Massachusetts Department of Public Health. One hundred and fifty-two new cases of AIDS have been reported to our joint program since January 1, 1984. The number of cases has been doubling every six months. Nationally, 7,699 cases of AIDS were reported as of December 31, 1984, with over 3,800 cases reported in 1984 alone. Continuation of this trend would result in at least 300 cases in the Commonwealth for 1985 and 8,000 to 10,000 cases across the nation. It is for this reason that we feel it is important to increase our active surveillance efforts.

AIDS CASES ACCORDING TO REPORTING INSTITUTION AND YEAR OF DIAGNOSIS

Institution	Cumulative Case Reports As of Jan. '84 No.	(%)	As of Jan. '85 No.	(%)
Beth Israel Hospital	4	(8)	16	(8)
Boston City Hospital	5	(10)	11	(5)
Brigham & Women's Hospital	4	(8)	11	(5)
Carney Hospital	1	(2)	3	(2)
Harvard Community Health Plan	1	(2)	3	(2)
Massachusetts General Hospital	12	(23)	41	(20)
New England Deaconess Hospital	1	(2)	56	(27)
New England Medical Center	4	(8)	6	(3)
University Hospital	3	(6)	8	(4)
V.A. Medical Center	0	(-)	5	(3)
Other Boston Hospitals	1	(2)	3	(2)
Non-Boston Hospitals	4	(8)	21	(10)
CDC/MDPH	12	(23)	20	(10)
TOTAL	52	(100)	204	(100)

For case reporting of AIDS patients meeting the CDC case definition, please notify:

IN BOSTON: *George R. Seage, III, M.P.H.*
AIDS Epidemiologist
Department of Health & Hospitals
House Officers Building, Room 321
818 Harrison Avenue
Boston, MA 02118
Telephone: (617) 424-4749

IN MASSACHUSETTS: *Janet Swanson, M.P.H.*
AIDS Epidemiologist
Mass. Dept. of Public Health
State Laboratory Institute
305 South Street
Jamaica Plain, MA 02130
Telephone: (617) 727-2686

FACTS ABOUT AIDS: STATE AND NATIONAL COMPARISONS

Total Cases as of 12/31/84	Massachusetts (204) No.	(%)	United States (7,699) No.	(%)
By Residence				
City of Boston	81	(40)		
*Remainder SMSA	48	(24)		
Remainder State	26	(13)		
Out-of-State	49	(24)		
Primary Risk Factors				
Homosexual	149	(73)	5541	(72)
I.V. Drug	19	(9)	1317	(17)
Haitian	17	(8)	263	(3)
Hemophilia	2	(1)	53	(1)
Other	17	(8)	525	(7)
Primary Diagnosis				
Pneumocystis carinii Pneumonia (PCP)	93	(46)	4220	(55)
Kaposi's Sarcoma (KS)	61	(30)	1728	(22)
PCP + KS	11	(5)	464	(6)
**Other Opportunistic Infections	39	(19)	1287	(17)
Sex				
Male	195	(96)	7166	(93)
Female	9	(4)	533	(7)
Condition				
Alive	124	(61)	4034	(52)
Dead	80	(39)	3665	(48)
Race				
White	158	(77)	4486	(58)
Black	34	(17)	1948	(25)
Other/Unknown	12	(6)	1265	(16)

*Refers to the Standard Metropolitan Statistical Area within Route 495

**Other category includes cases associated with transfusion, cases whose sexual partners are at increased risk, and cases without any of the known risk factors.

GUIDANCE TO HEALTH CARE PROVIDERS ON HTLV-III SCREENING

Recommended by a Joint Committee of
The Governor's Task Force on AIDS and the Mayor's Task Force on AIDS

Recent findings suggest that a human retrovirus, HTLV-III (LAV), plays an important role in AIDS. Routine testing for antibody to HTLV-III is not currently available except at research centers on specific protocol. The following statement has been prepared as guidance to health care providers in regard to the current status of knowledge of this test's significance.

The presence of specific antibody to HTLV-III indicates exposure to this virus and the body's response to it by the immune system. From what is currently known, the presence of antibody only represents this response by the immune system and doesn't necessarily indicate immunity (resistance) or infectiousness (contagiousness).

The clinical meaning of this antibody is not yet determined in part because the incubation period ranges from months to years and the test is still in the process of being evaluated. While we often think the presence of antibody means protection, or immunity, to a specific disease (as in the case of rubella), antibody to HTLV-III does not necessarily indicate such protection. We don't know as yet whether the antibody to HTLV-III that we can currently measure represents protection or not. Nor is it yet known whether the presence of HTLV-III antibody indicates if one is able to transmit the disease. Therefore, a positive test is not diagnostic.

A negative test is also not definitively diagnostic. A negative test might be interpreted to mean any of the following:

1. a person has not been exposed and is not infected;
2. a person has been exposed and is not infected;
3. a person may be susceptible and may develop the disease in the future;
4. a person may be in the early state of incubation before this antibody is formed;
5. a person may have AIDS and be too sick to mount an antibody response.

<u>No interpretation, therefore, can be made at this time based on the presence or absence of HTLV-III antibody.</u>

Epidemiologic research continues the effort to decipher the relationship between the presence of HTLV-III antibody and the onset of clinical disease and/or the ability to transmit the disease. Until that relationship is better understood, medical providers are urged to ensure that patients tested for HTLV-III antibody receive appropriate counseling, referral and follow-up as part of the test procedure.

EDITORIAL COMMENT: Despite the ambiguity of a positive test for antibody to HTLV-III, the implication that an individual has been exposed to the virus is the basis for the proposed use of the test in deferring blood donations that might transmit infection.

AIDS ACTION COMMITTEE

In late 1982, when AIDS was gaining recognition as a rapidly spreading epidemic, fatal to the majority of those it afflicted, a volunteer group of men and women in greater Boston organized the AIDS Action Committee (AAC) in order to respond effectively to the growing crisis.

The AAC provides direct services and support to persons who have been diagnosed with AIDS or AIDS-Related Complex (ARC); support to families and friends; education and support to individuals at high risk for contracting AIDS and ARC (i.e., homosexual men, IV drug users, Haitian Americans, and Hemophiliacs); and education to the larger community concerning AIDS-related issues. Moreover, the Committee is also available to assist patients who have been diagnosed and are in need of additional support services during and after hospitalization.

Recently, the AAC has received a grant from the Commonwealth to evaluate the effectiveness of educational programs sponsored by the Committee. Health Educator Linette Liebling, MSPH has been hired to coordinate and provide forums on AIDS/ARC for medical care providers and "at risk" groups. The AAC is available to travel throughout the state to present information about the complexity of the illness. If you are interested in sponsoring a program on AIDS within your health care facility, please contact Ms. Liebling at (617) 536-7733.

Boston Department of Health and Hospitals
House Officers Building, Room 321
818 Harrison Avenue
Boston, MA 02118

CONFERENCES & SEMINARS

February

12th *"AIDS: Chapter 1" NOVA/PBS*
WGBH, 8 P.M.

12th/ 13th *HTLV-III SEMINAR*
(See enclosed registration form)

April

14th/ 17th *INTERNATIONAL CONFERENCE ON AIDS*
CDC, Atlanta, Georgia

24th/ 25th *PRIM & R CONFERENCE*
(Public Responsibility in Medicine & Research)

Two days at the Park Plaza Hotel
AIDS: Ethical, Legal, and Psychosocial Consideration

Participants will be: *Dr. Edward Brandt*
Dr. Martin Hirsch
Dr. Jerome Groopman
Dr. Mervyn Silverman

Registration Fee: $250
For more information, contact: Valwyn Hooper at 423-1099 or 423-4112.

26th *NIAID CONFERENCE*
Park Plaza Hotel
(More information to follow)

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AIDS NEWSLETTER

a monthly publication from the
Massachusetts Department of Public Health/Boston Department of Health and Hospitals
Vol. 1 February 1985 No. 2

U P D A T E

A total of 14 new cases of Acquired Immune Deficiency Syndrome (AIDS) were reported to the joint surveillance program during the month of January. Twelve of the 14 cases were from the greater Boston area. To date 141 (65%) of the 218 AIDS cases have occurred among residents of the greater Boston metropolitan area.

AIDS CASES ACCORDING TO REPORTING INSTITUTION AND YEAR OF DIAGNOSIS

Institution	Cumulative Case Reports As of Feb. '84 No.	(%)	As of Feb. '85 No.	(%)
Beth Israel Hospital	5	(8)	19	(9)
Boston City Hospital	5	(8)	11	(5)
Brigham & Women's Hospital	5	(8)	13	(6)
Carney Hospital	2	(3)	3	(1)
Harvard Community Health Plan	1	(2)	3	(1)
Massachusetts General Hospital	13	(21)	42	(19)
New England Deaconess Hospital	7	(11)	60	(28)
New England Medical Center	4	(6)	7	(3)
University Hospital	3	(5)	8	(4)
V.A. Medical Center	0	(0)	5	(2)
Other Boston Hospitals	1	(2)	3	(1)
Non-Boston Hospitals	4	(6)	24	(11)
CDC/MDPH	13	(21)	20	(9)
TOTAL	63	(100)	218	(100)

THREE-YEAR CUMULATIVE INCIDENCE RATES

Residence	No.	(%)	Per Million
City of Boston	86	(39)	152
Boston and SMSA	141	(65)	51
Total Massachusetts	168	(77)	31
Out-of-State	50	(23)	---

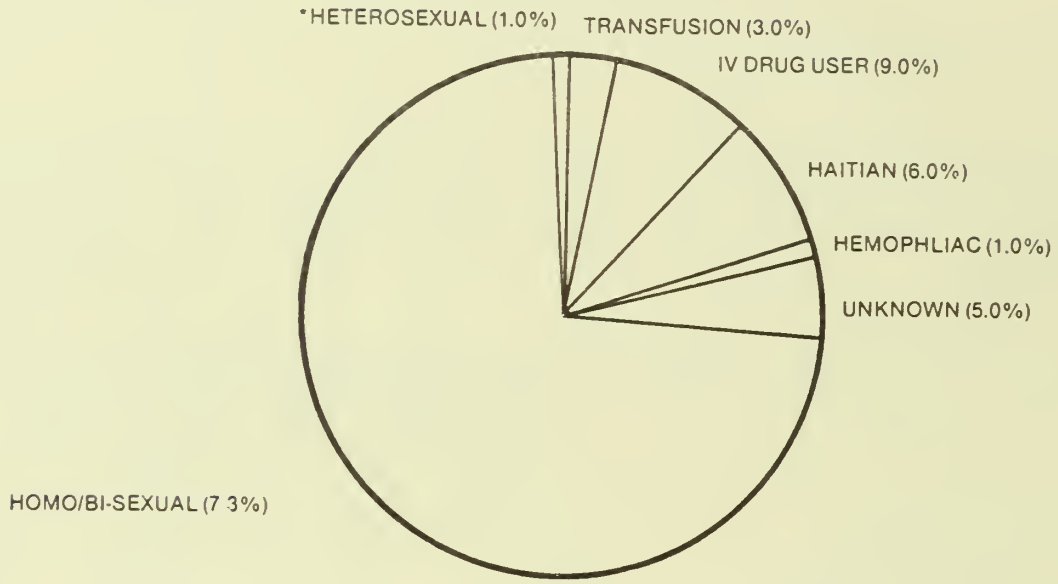
For case reporting of AIDS patients meeting the CDC case definition, please notify:

IN BOSTON: *George R. Seage, III, M.P.H.*
AIDS Epidemiologist
Department of Health & Hospitals
House Officers Building, Room 321
818 Harrison Avenue
Boston, MA 02118
Telephone: (617) 424-4749

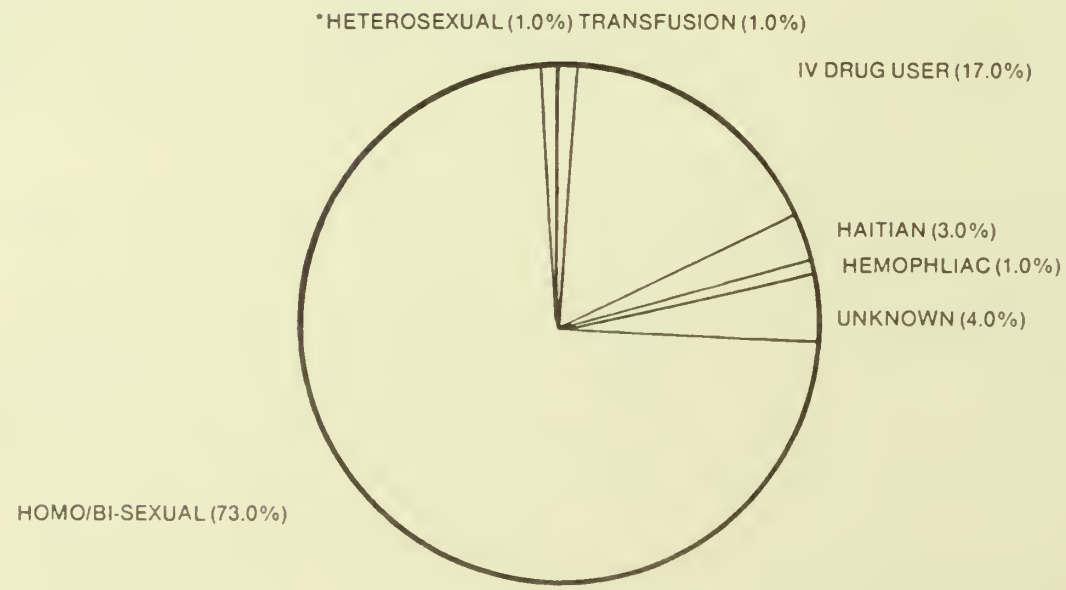
IN MASSACHUSETTS: *Janet Swanson, M.P.H.*
AIDS Epidemiologist
Mass. Dept. of Public Health
State Laboratory Institute
305 South Street
Jamaica Plain, MA 02130
Telephone: (617) 727-2686

AIDS CASES BY RISK GROUP

MASSACHUSETTS



UNITED STATES



* Heterosexual contact with a person with AIDS or at risk for AIDS.

HTLV-III ANTIBODY TESTING IN MASSACHUSETTS

In anticipation of the federal government's licensing of the HTLV-III antibody test to screen blood donations, a comprehensive plan has been developed in Massachusetts to further protect the blood supply and to assist the public in understanding the meaning of the test. The blood-screening plan includes the following components and recommendations:

- All blood donations in Massachusetts will be screened for HTLV-III antibody by a primary method, the enzyme-linked immunoassay (EIA, or ELISA). The possibility of technical false positives (see below) will be minimized by use of a second type of test to confirm positives; the reference testing will be performed at the State Laboratory Institute.

- The Governor's Task Force on AIDS has emphasized the ambiguity of interpreting a positive test because even a technically confirmed positive may have biological meaning other than implying that the individual is a carrier of the HTLV-III virus.

  A positive test may indicate any of the following:

  a. a person has been infected and is protected
  b. a person may harbor the virus and remain healthy
  c. a person may be ill with AIDS

  Similarly, a negative test may mean:

  a. a person has not been exposed and is not infected
  b. a person may be in early stages of infection or may not be able to produce antibody to the infection.
  c. the test is a false negative

- The Governor's Task Force on AIDS continues to encourage high risk individuals to refrain from donating blood regardless of anti-HTLV-III status.

- Recognizing that some individuals may still want to have their blood tested for HTLV-III antibody, alternate test sites will be made available for high risk individuals. The Massachusetts Department of Public Health has provided state funds to the Massachusetts Red Cross Blood Services - Northeast Region to perform this testing. A subcommittee of the Governor's Task Force on HTLV-III antibody testing, chaired by Dr. Peter Page of the Red Cross Blood Services, will identify alternate screening sites across the Commonwealth. These sites will be selected on the basis of accessibility, technical capabilities, and ability to deal with special requirements of confidentiality and sensitivity in communicating test results.

- Recognizing the need for emotional support and accurate information following a positive screening test result, the Task Force has recommended the establishment of a specialized AIDS counseling network and a state-wide toll-free hotline. The Department of Public Health has committed state funding and support for these activities. The hotline is currently under development and will be published shortly; counseling site locations will be announced as soon as final selections have been made.

- The Department of Public Health and the Task Force will co-sponsor a state-wide conference on the screening test for social workers, psychologists, and other mental health workers on Saturday, March 30, 1985 at the State Laboratory Institute in Jamaica Plain. The program will focus on AIDS, the HTLV-III antibody screening test, and counseling techniques to help individuals cope with the ambiguous implications of the test's findings. Further information may be obtained by calling Nancy Grantham at (617) 542-5188.

EDUCATIONAL PROGRAMS ON AIDS

Under a grant from the Commonwealth awarded through the Department of Public Health, the AIDS Action Committee has expanded delivery of educational programs on AIDS throughout the state. During the month of February, in-service programs were sponsored at 13 health care institutions in Massachusetts. These sessions have addressed issues such as risk factors, transmission, symptoms, medical management, infection control procedures, psychosocial aspects of isolation and discrimination, current research efforts and medical information. The length of the program varies from one to three hours depending on the educational needs of each site. Participants have included staff members from nursing, infection control, x-ray, laboratory, transportation, and housekeeping departments. Programs may be scheduled by calling Linette Liebling, M.S.P.H. at (617) 536-7733.

SEMINAR ON HTLV-III ANTIBODY TESTING WELL ATTENDED BY HEALTH CARE PROFESSIONALS

At the State Laboratory Institute on February 12 and 13, the Centers for Disease Control sponsored a one-day seminar on HTLV-III antibody testing soon to be implemented by blood donation centers nationwide. Sessions presented by Mr. Bob Kohmescher and Dr. Charles Rabkin of CDC included an overview of the etiology and epidemiology of AIDS, description of the serologic tests for anti-HTLV-III, clinical and laboratory aspects of AIDS, and counseling patients and the public about anxieties associated with a positive antibody test. Approximately 250 health care professionals attended the seminar each day.

Boston Department of Health and Hospitals
House Officers Building, Room 321
818 Harrison Avenue
Boston, MA 02118

CONFERENCES AND SEMINARS

March

30th **Understanding AIDS and HTLV-III:** What's it all about? A statewide conference for social workers, psychologists, and mental health workers.

For more information, contact Nancy Grantham at 542-5188.

April

24th/25th PRIM & R CONFERENCE
(Public Responsibility in Medicine & Research)

Two days at the Park Plaza Hotel
AIDS: Ethical, Legal and Psychosocial Considerations

Participants:
Dr. Edward Brandt
Dr. Martin Hirsch
Dr. Jerome Groopman
Dr. Mervyn Silverman

Registration Fee: $250
For more information, contact:
Valwyn Hooper at 423-1099 or 423-4112.

26th NIAID CONFERENCE

POSTPONED UNTIL FURTHER NOTICE

AIDS NEWSLETTER

a monthly publication from the
Massachusetts Department of Public Health/Boston Department of Health and Hospitals
Vol. 1 March, 1985 No. 3

U P D A T E

A total of 13 new cases of Acquired Immune Deficiency Syndrome (AIDS) was reported to the joint surveillance program during the month of February. Six of the 13 cases resided outside Massachusetts when symptoms first appeared. These patients were subsequently diagnosed and cared for in the Commonwealth. To date, 56 (24%) of the 231 reported cases have occurred among non-residents.

AIDS CASES ACCORDING TO REPORTING INSTITUTION AND YEAR OF DIAGNOSIS

Institution	Cumulative Case Reports As of March '84 No.	(%)	As of March '85 No.	(%)
Beth Israel Hospital	7	(9)	19	(8)
Boston City Hospital	5	(6)	12	(5)
Brigham & Women's Hospital	5	(6)	13	(6)
Carney Hospital	2	(3)	4	(2)
Harvard Community Health Plan	1	(1)	3	(1)
Massachusetts General Hospital	17	(22)	45	(20)
New England Deaconess Hospital	13	(17)	67	(29)
New England Medical Center	4	(5)	7	(3)
University Hospital	3	(4)	8	(4)
V.A. Medical Center	1	(1)	5	(2)
Other Boston Hospitals	1	(2)	3	(1)
Non-Boston Hospitals	4	(5)	25	(11)
CDC/MDPH	15	(19)	20	(9)
TOTAL	78	(100)	231	(100)

THREE-YEAR CUMULATIVE INCIDENCE RATES

Residence of AIDS Cases	No.	(Percent of Total Cases)	Cases/Million Population
City of Boston	90	(39)	159.0
Boston and SMSA	147	(64)	53.2
Total Massachusetts	175	(76)	30.5
Out-of-State	56	(24)	(0)

For case reporting of AIDS patients meeting the CDC case definition, please notify:

George R. Seage, III, M.P.H.
AIDS Epidemiologist
Department of Health & Hospitals
House Officers Building, Room 321
818 Harrison Avenue
Boston, MA 02118
Telephone: (617) 424-4749

* * *

We regret to announce that the State AIDS Epidemiologist, Ms. Janet Swanson, has left our program. In the interim, all case reports and questions regarding AIDS reporting should be referred to George Seage, III, at the Boston Department of Health & Hospitals.

FACTS ABOUT AIDS: STATE AND NATIONAL COMPARISONS

Total Cases as of 3-1-85	Massachusetts (231) No.	(%)	United States (8,697) No.	(%)
By Residence				
City of Boston	90	(39)		
*Remainder SMSA	57	(25)		
Remainder State	28	(12)		
Out-of-State	56	(24)		
Primary Risk Factors				
Homosexual	170	(74)	6293	(73)
I.V. Drug	21	(9)	1478	(17)
Haitian	19	(8)	280	(3)
Hemophilia	2	(1)	62	(1)
Transfusion Associated (TA)	7	(3)	104	(1)
Heterosexual Contact	2	(1)	68	(1)
**Other/Unknown	10	(4)	412	(5)
Primary Diagnosis				
Pneumocystis carinii Pneumonia (PCP)	108	(47)	4819	(55)
Kaposi's Sarcoma (KS)	69	(30)	1899	(22)
PCP + KS	12	(5)	518	(6)
Other Opportunistic Infections	42	(19)	1461	(17)
Sex				
Male	221	(96)	8094	(93)
Female	10	(4)	603	(7)
Condition				
Alive	137	(59)	4518	(52)
Dead	94	(41)	4179	(48)
Race				
White	180	(78)	5111	(59)
Black	39	(17)	2199	(25)
Other/Unknown	12	(5)	1387	(16)

*Refers to the Standard Metropolitan Statistical Area within Route 495

**Other category includes cases without any of the known risk factors.

Anti-HTLV-III Testing Update

During March, Health and Human Services Secretary, Margaret Heckler, announced FDA licensure of anti-HTLV-III test kits. Abbott Laboratories, a major supplier of hepatitis B test systems, received its license for anti-HTLV-III kits on March 2nd. Electronucleonics was licensed soon thereafter, and other manufacturers' applications are pending. FDA regulations require that an approved test for HTLV-III antibody be performed on each donation of blood or blood derivative so that units testing positive can be excluded from transfusion. FDA has further specified that all donors testing positive, and confirmed as positive upon further testing, will be notified.

A period of proficiency testing and validation of anti-HTLV-III testing is necessary before blood banks can implement routine screening. This phase-in period is well underway at the American Red Cross Blood Services, Northeast Region, and routine testing is expected next month. To lend additional safety to the blood supply, alternative testing sites are being developed by a sub-committee of the Governor's Task Force on AIDS. The Alternate Testing Site (ATS) Program provides the opportunity for asymptomatic high risk individuals to learn whether or not they have been exposed to the virus associated with AIDS.

Nine sites have been selected on the basis of geographic accessibility, technical capabilities and the ability to provide special requirements assuring confidentiality. Each site will be supervised by a physician and staffed by a licensed social worker. Presently, this program is funded to operate through June 30th. All ATS clients will be seen free of charge: blood sample testing will be provided by the American Red Cross Blood Services, Northeast Region under a grant awarded by the Department of Public Health, and counseling services will be provided by Counseling Services, Inc. of Boston under contract with the Department.

Alternate testing site services include a pre-test counseling session during which each client is fully informed about the technical and psychosocial implications of the test and a post-test counseling session for informing the client of the test result. Counselors at each site will be able to provide medical referrals and additional counseling referrals when needed. Scheduling, counseling and testing will be done under assigned code, with no linking of personal information, thereby assuring client confidentiality. Specific details of the ATS Program will be announced shortly in conjunction with the implementation of routine blood donor screening.

Toll-free Information

The AIDS Hotline now has toll-free service from noon to 8 p.m. Monday through Friday, and 10 a.m. to 4 p.m. on Saturday. The Hotline is located at the offices of the AIDS Action Committee in Boston and is staffed by trained volunteers. For information, referrals and support call 1-800-235-2331.

AIDS EDUCATION AND INFORMATION IN BOSTON

The Community Infectious Disease Epidemiology Program (CIDEP) of the Boston Department, Health and Hospitals provides information and referrals to people with AIDS and their significant others, consultation to health care providers, and general information on AIDS to the public. Public Health nurses in the CIDEP program staff the City AIDS HOTLINE (424-5916) 8:30 a.m. to 5:30 p.m., Monday through Friday.

The City of Boston's AIDS Coordinator, Anne Marie Silvia, works closely with the CIDEP staff to ensure the dissemination of accurate, up-to-date information. On a city-wide level, she works to develop resources for people with AIDS, their families and friends, medical case workers, and other groups. Ms. Silvia is a member of the Governor's Task Force on AIDS, Mayor's Committee on AIDS, and the AIDS Action Committee. She acts as a liaison to hospitals, health departments, community agencies, and other groups addressing the multitude of issues and concerns that AIDS presents.

In addition to providing printed materials and audio visual aids, Ms. Silvia is available for in-service education, workshops, and seminars in the Boston area. For more information, please call her at 424-4744 or 424-5916.

STATEWIDE AIDS COORDINATOR

A search for a statewide AIDS Coordinator is currently underway. Interested applicants should contact Nancy Weiland, Department of Public Health at 727-0368.

Boston Department of Health and Hospitals
House Officers Building, Room 321
818 Harrison Avenue
Boston, MA 02118

ANNOUNCEMENT OF VACANCY

State AIDS Epidemiologist

General Statement of Duties and Responsibilities:

Participates in the development and coordination of surveillance program activities related to investigation of Acquired Immune Deficiency Syndrome (AIDS) throughout the state of Massachusetts.

The individual will work under the direction of the Medical Director of Communicable and Venereal Disease, who provides guidance and reviews work for effectiveness and conformance with department policy, after an orientation and training period at the Boston Department of Health and Hospitals.

Applicants must have excellent communication skills and experience in a professional capacity in public health. Good organizational and managerial skills, driver's license, and a minimum four-year college degree required; graduate education in public health or experience in epidemiology a plus.

For further information: Please call Dr. Anita Barry (424-5916) or George Seage, III (424-4749) at the Boston Department of Health and Hospitals.

CONFERENCES AND SEMINARS

April

24th/25th PRIM & R Conference
(Public Responsibility in Medicine and Research)
Two days at the Park Plaza Hotel
AIDS: Ethical, Legal and Psychosocial Considerations
Participants:
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Registration Fee: $250
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AIDS NEWSLETTER

a monthly publication from the
Massachusetts Department of Public Health/Boston Department of Health and Hospitals
Vol. 1 April/May, 1985 No. 4

UPDATE

A total of 23 new cases of Acquired Immune Deficiency Syndrome (AIDS) were reported to the joint surveillance program during the months of March and April. Three of the 23 cases were among recent Haitian immigrants, a group that was formerly considered by the Centers for Disease Control (CDC) to be at increased risk for AIDS. Further epidemiologic investigations of the Haitian cases has resulted in reclassification of some of these cases into the other known risk groups. CDC has now removed "Haitian" per se as a primary risk factor for acquiring AIDS. To date, 22 (9%) of the 254 reported cases in Massachusetts have occurred among people born in Haiti.

AIDS CASES ACCORDING TO REPORTING INSTITUTION AND YEAR OF DIAGNOSIS

Institution	Cumulative Case Reports as of May '84 No.	(%)	as of May '85 No.	(%)
Beth Israel Hospital	9	(9)	22	(9)
Boston City Hospital	5	(5)	16	(6)
Brigham & Women's Hospital	5	(5)	16	(6)
Carney Hospital	2	(2)	4	(2)
Harvard Community Health Plan	1	(1)	3	(1)
Massachusetts General Hospital	24	(24)	48	(19)
New England Deaconess Hospital	21	(21)	69	(27)
New England Medical Center	4	(4)	9	(4)
University Hospital	3	(3)	9	(4)
V.A. Medical Center	1	(1)	5	(2)
Other Boston Hospitals	3	(3)	3	(1)
Non-Boston Hospitals	7	(7)	29	(11)
CDC/MDPH	16	(16)	21	(8)
TOTAL	101	(100)	254	(100)

REPORTED AIDS CASES ACCORDING TO COUNTY OF RESIDENCE

Suffolk	106	Plymouth	5
Middlesex	39	Bristol	4
Hampden	11	Worcester	2
Barnstable	10	Berkshire	1
Essex	9	Franklin	1
Norfolk	9	Hampshire	1

Note: Fifty-six of the 254 reported cases were not residents of Massachusetts when symptoms first appeared. These patients were subsequently diagnosed and cared for in the Commonwealth.

FACTS ABOUT AIDS: STATE AND NATIONAL COMPARISONS

Total Cases as of 5-1-85	Massachusetts (254) No.	(%)	United States (9,405) No.	(%)
By Residence				
City of Boston	102	(40)		
* Remainder SMSA	66	(26)		
Remainder State	30	(12)		
Out-of-State	56	(22)		
Primary Risk Factors (Adult)	251		9297	
Homosexual	183	(72)	6842	(74)
I.V. Drug	24	(9)	1573	(17)
Hemophilia	3	(1)	64	(1)
Transfusion Associated (TA)	8	(3)	124	(1)
Heterosexual Contact	2	(1)	76	(1)
** Other/Unknown	31	(12)	618	(7)
Primary Risk Factors (Pediatric)	3		108	
Parent with Aids/or at increased risk for Aids	3	(100)	79	(73)
Hemophilia	0	(--)	6	(6)
Transfusion Associated	0	(--)	14	(13)
** Other/Unknown	0	(--)	9	(8)
Primary Diagnosis				
Pneumocystis carinii Pneumonia (PCP)	125	(49)	5244	(56)
Kaposi's Sarcoma (KS)	70	(28)	2029	(22)
PCP + KS	12	(5)	552	(6)
Other Opportunistic Infections	47	(19)	1580	(17)
Sex				
Male	238	(94)	8772	(93)
Female	16	(6)	633	(7)
Condition				
Alive	150	(59)	4872	(52)
Dead	104	(41)	4533	(48)
Race				
White	196	(77)	5577	(59)
Black	43	(17)	2346	(25)
Other/Unknown	15	(6)	1482	(16)

* Refers to the Standard Metropolitan Statistical Area within Route 495.

** Other/Unknown category includes cases without any of the known risk factors and persons born in countries in which most Aids cases have not been associated with known risk factors.

HTLV-III Antibody Testing Update

The opening of nine counseling sites across the state for people who suspect they may have been exposed to the virus associated with AIDS was announced by Massachusetts Public Health Commissioner Dr. Bailus Walker Jr. on April 12th. Funded by the Department of Public Health (DPH) with money that was appropriated by the state legislature, the new counseling network is an important part of a comprehensive plan to assure the quality of the Commonwealth's blood supply. In addition to providing up-to-date information on AIDS and the new HTLV-III antibody screening test, these counseling sites will provide the opportunity for individuals at high risk to have their blood tested for evidence of exposure to the AIDS-associated virus.

In implementing the Alternate Testing Site (ATS) program, the Department continues to caution that the HTLV-III antibody screening test IS NOT A TEST FOR AIDS. The primary use for this test is to screen blood donors, and the only definitive statement that can be made of a positive test at this time is that the individual should not donate blood. Routine HTLV-III antibody screening of blood donations is expected to begin within the month.

Individuals wishing to schedule a free, confidential appointment may call the DPH TESTING INFORMATION LINE at (617) 522-4090 Monday through Friday from 9:00 a.m. until 6:00 p.m. Hospitals serving as host facilities for the ATS program include Massachusetts General Hospital, New England Deaconess Hospital, Boston City Hospital, Lawrence Memorial Hospital (Medford), Worcester City Hospital, University of Massachusetts Medical School (Worcester), University of Massachusetts Health Services (Amherst) and Bay State Medical Center (Springfield). The Fenway Community Health Center is also providing alternative testing and counseling services, and individuals wishing to be seen there may call (617) 267-7573 for an appointment.

In the ATS program's first month of operation nearly 200 clients were counseled, approximately half of whom proceeded with having the test done. Based on preliminary data, 12 of the 52 clients (23%) completing anonymous questionnaires indicated they would have been blood donors if the alternate test had not been available. Thirteen clients (25%) had donated blood within the last five years.

The ATS program has been established solely for the purpose of providing an alternate setting in which healthy individuals at risk are provided access to the antibody test. Following licensure of the test in March, there has been considerable interest among physicians for access to the test in making a differential diagnosis in patients for whom an invasive procedure might be deferred in the presence of HTLV-III antibody. Due to problems in guaranteeing patient confidentiality, commercial laboratories are not offering the test. The Department of Public Health is presently considering expanding access to the test for medical management situations in which informed consent, confidentiality, quality control, and counseling are followed. DPH guidelines for wider access to the test are forthcoming.

CONFERENCES AND SEMINARS

May 20

"AIDS: How Will You Respond?"

A seminar for the care giver (six CEUs) sponsored by Hospice Outreach, Inc. of Fall River, MA

8:30 a.m. - 3:45 p.m.

Fee: $15 includes registration, refreshments and lunch

To register, call: 1-673-1589

June 1

Current topics in Gastroenterology with a focus on AIDS

Sponsored by the Society of Gastrointestinal Assistants

Lahey Clinic, Burlington, MA
8:00 a.m. - 12:30 p.m.

Fee: $18 includes registration and lunch

Registration accepted at the door

For case reporting of AIDS patients meeting the CDC case definition, please notify:

George R. Seage III, M.P.H. or Laurie Kunches, M.P.H.
Department of Health & Hospitals
House Officers Building, Room 321
818 Harrison Avenue
Boston, MA 02118
Tel: (617) 424-4749

Boston Department of Health and Hospitals
House Officers Building, Room 321
818 Harrison Avenue
Boston, MA 02118

AIDS NEWSLETTER

a monthly publication from the
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 1 June, 1985 No. 5

UPDATE

A total of 17 new cases of Acquired Immune Deficiency Syndrome (AIDS) were reported to the joint surveillance program during the month of May. In recent months, two pediatric AIDS cases have been reported, bringing the cumulative total to three. These cases, all female, had a parent in a risk group, were diagnosed under one year of age and are now deceased. In Massachusetts, as well as in the United States, pediatric cases represent 1% of total reported AIDS cases. The surveillance program is particularly interested in receiving information concerning suspected pediatric cases as early as possible.

AIDS CASES ACCORDING TO REPORTING INSTITUTION AND YEAR OF DIAGNOSIS

Institution	Cumulative Case Reports as of June '84 No.	(%)	as of June '85 No.	(%)
Beth Israel Hospital	9	(8)	22	(8)
Boston City Hospital	7	(6)	18	(7)
Brigham & Women's Hospital	5	(4)	16	(6)
Carney Hospital	2	(2)	6	(2)
Harvard Community Health Plan	1	(1)	3	(1)
Massachusetts General Hospital	25	(22)	52	(19)
New England Deaconess Hospital	24	(21)	75	(28)
New England Medical Center	4	(4)	10	(4)
University Hospital	3	(3)	9	(3)
V.A. Medical Center	1	(1)	5	(2)
Other Boston Hospitals	7	(6)	3	(1)
Non-Boston Hospitals	8	(7)	31	(11)
CDC/MDPH	17	(15)	21	(8)
Total	113	(100)	271	(100)

REPORTED AIDS CASES ACCORDING TO COUNTY OF RESIDENCE

Suffolk	115	Plymouth	5
Middlesex	43	Bristol	5
Hampden	11	Worcester	3
Norfolk	11	Hampshire	1
Barnstable	10	Berkshire	1
Essex	9	Franklin	1

Note: Fifty-six of the 271 reported cases were not residents of Massachusetts when symptoms first appeared. These patients were subsequently diagnosed and cared for in the Commonwealth.

FACTS ABOUT AIDS: STATE AND NATIONAL COMPARISONS

Total Cases as of 6-1-85	Massachusetts (271) No.	(%)	United States (10,678) No.	(%)
By Residence				
City of Boston	111	(41)		
*Remainder SMSA	72	(27)		
Remainder State	32	(12)		
Out-of-State	56	(21)		
Primary Risk Factors (Adult)	268		10,553	
Homosexual	194	(72)	7,732	(73)
I.V. Drug	27	(10)	1,822	(17)
Hemophilia	3	(1)	70	(1)
Transfusion Associated (TA)	9	(3)	145	(1)
Heterosexual Contact	3	(1)	97	(1)
**Other/Unknown	32	(12)	687	(7)
Primary Risk Factors (Pediatric)	3		125	
Parent with AIDS/or at increased risk for AIDS	3	(100)	90	(72)
Hemophilia	0	(--)	6	(5)
Transfusion Associated	0	(--)	18	(14)
**Other/Unknown	0	(--)	11	(9)
Primary Diagnosis				
Pneumocystis carinii Pneumonia (PCP)	135	(50)	6,036	(57)
Kaposi's Sarcoma (KS)	75	(28)	2,186	(20)
PCP + KS	12	(4)	621	(6)
Other Opportunistic Infections	49	(18)	1,835	(17)
Sex				
Male	254	(94)	9,940	(93)
Female	17	(6)	738	(7)
Condition				
Alive	161	(59)	5,439	(51)
Dead	110	(41)	5,239	(49)
Race				
White	204	(75)	6,311	(59)
Black	48	(18)	2,687	(25)
Other/Unknown	19	(7)	1,680	(16)

*Refers to the Standard Metropolitan Statistical Area within Route 495.

**Other/Unknown category includes cases without any of the known risk factors and persons born in countries in which most AIDS cases have not been associated with known risk factors.

AIDS Research in Massachusetts

Intensive research efforts at medical centers throughout the state during the past seven months have yielded important contributions to the understanding of AIDS. Twenty unique research and service-related projects have been supported by the Department of Public Health through an FY '85 legislative appropriation. This broad-spectrum AIDS research program has focused on the prevention, intervention and treatment of AIDS, as well as the development of effective educational, social and economic policies.

In the area of prevention, an experimental animal model system in lower primates has been established by Dr. Norman Letvin at the New England Regional Primate Center in Southboro where vaccine development for primate AIDS is currently underway. In mapping the nucleotide sequence of the HTLV-III virus, Dr. William Haseltine at the Dana-Farber Cancer Institute has identified a relatively constant portion of the genome. His research, aimed at interrupting replication of the virus by disabling this region, would be effective in spite of elusive mutations in virus structure.

Basic pharmacologic research in developing and screening chemotherapeutic agents capable of inhibiting reverse transcriptase, the enzyme which regulates replication of HTLV-III, has been conducted at the University of Massachusetts Medical School by Drs. Carel Mulder and George Wright. Evaluations of the inhibitory effects of experimental antiviral agents against HTLV-III isolates from AIDS patients were undertaken by Dr. Martin Hirsch at Massachusetts General Hospital and Dr. Clyde Crumpacker at the Beth Israel Hospital; several promising drugs identified by their activity in-vitro will soon undergo efficacy trials in AIDS patients.

The extent of HTLV-III exposure among various populations at risk of AIDS in Massachusetts has been documented; in homosexual/bisexual men by Dr. Kenneth Mayer of the Fenway Community Health Center; in hemophiliacs by Dr. John Sullivan of the University of Massachusetts Medical School; and in parenteral drug abusers by Dr. Donald Craven at Boston City Hospital. The seroprevalence data obtained from these studies measures the extent of HTLV-III exposure among groups at risk and has predictive value in projecting spread of the disease. Data from these studies also can be used to design programs for educating individuals about risk modification.

Service-related research programs have focused on assessing knowledge and attitudes about AIDS among the Commonwealth's health care providers so that effective educational strategies can be implemented. With state support, the AIDS Action Committee has conducted seminars for over 2,000 nurses, doctors, technicians and attendants in 35 hospitals throughout the state.

The Department of Public Health in cooperation with the American Red Cross Blood Services has implemented nine Alternate Testing Sites throughout the Commonwealth where individuals concerned about possible exposure to the HTLV-III virus can receive free, confidential counseling and antibody testing. Since the program began on April 22nd, 300 clients have been counseled, approximately half of whom have elected to have the blood test performed. Preliminary data collected through anonymous client questionnaires supports the rationale that the availability of the test at the alternate sites has prevented a number of confirmed antibody-positive individuals from seeking the test through blood donation.

The economic impact of AIDS has been assessed by AIDS epidemiologist George Seage of the Boston Department of Health and Hospitals. His cost analysis, based on 60 AIDS patients cared for at the New England Deaconess Hospital, documents the need for careful financial planning as the numbers of AIDS patients increases in the state.

In summary, the broad range of research and service programs supported by the state has yielded valuable scientific, epidemiological and educational data that provide significant insight into this devastating disease. During the relatively short period of seven months, research collaborations and referral networks have been strengthened on state, national and international levels. Many of the investigators conducting state-sponsored research presented their work in April at the International Conference of AIDS held in Atlanta, and the Commonwealth's commitment to joining scientists world-wide in conquering AIDS has been recognized.

CDC Sex Partners Study

A prospective cohort study of sexual partners of AIDS/ARC patients has begun in the Boston area. This collaborative effort is sponsored by the AIDS Activity Branch, Centers for Disease Control (CDC) in cooperation with the Boston Department of Health and Hospitals, New England Deaconess Hospital (NEDH), and the Fenway Community Health Center (FCHC).

Homosexual men with AIDS/ARC and apparently healthy homosexual contacts seen at the NEDH and FCHC will serve as index patients. These patients will be interviewed, examined, and have laboratory tests performed at six-month intervals for a period of three years. Four male sexual partners, two steady and two nonsteady identified by each index patient, will be followed according to the same protocol for evidence of AIDS/ARC, or asymptomatic HTLV-III seroconversion. A serum bank will be developed to store all samples, while evidence of exposure to HTLV-III will be determined by use of two different ELISA tests.

Recruitment began in May, and will continue for the next six to eight months, or until 400 partners of approximately 100 index patients have been enrolled. The investigators are extremely interested in studying the relationship between specific sexual behaviors and transmission of the virus from people known to have AIDS/ARC to their partners. Evaluation of the interaction between host and environmental factors in the pathogenesis of AIDS-related disorders is an additional focus of the study. The CDC plans to begin a similar project in San Francisco in the late summer. The Boston study is currently the only such systematic study of AIDS/ARC patients and their partners. For further information regarding this study, please contact the project director, George Seage, M.P.H.

For case reporting of AIDS patients meeting the CDC case definition, please notify:

George R. Seage III, M.P.H. or Laurie Kunches, M.P.H.
Department of Health & Hospitals
House Officers Building, Room 321
818 Harrison Avenue
Boston, MA 02118
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AIDS NEWSLETTER

a monthly publication from the
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 1 July, 1985 No. 6

UPDATE

A total of 25 new cases of Acquired Immune Deficiency Syndrome (AIDS) were reported to the joint surveillance program during the month of June. Five of the cases were among patients who now meet the recently revised CDC case definition included in this newsletter. The 20 new cases reported in June is the highest total of any single month since November. Any individuals meeting the expanded case definition should be reported to the state surveillance program.

AIDS CASES ACCORDING TO REPORTING INSTITUTION AND YEAR OF DIAGNOSIS

Institution	Cumulative Case Reports as of July '84 No.	(%)	as of July '85 No.	(%)
Beth Israel Hospital	11	(9)	25	(8)
Boston City Hospital	7	(6)	19	(6)
Brigham & Women's Hospital	8	(7)	16	(5)
Carney Hospital	2	(2)	6	(2)
Harvard Community Health Plan	1	(1)	3	(1)
Massachusetts General Hospital	24	(20)	56	(19)
New England Deaconess Hospital	27	(22)	85	(29)
New England Medical Center	5	(4)	12	(4)
University Hospital	3	(3)	10	(3)
V.A. Medical Center	1	(1)	5	(2)
Other Boston Hospitals	7	(6)	3	(1)
Non-Boston Hospitals	8	(7)	34	(12)
CDC/MDPH	17	(14)	22	(8)
Total	121	(100)	296	(100)

REPORTED AIDS CASES ACCORDING TO COUNTY OF RESIDENCE

Suffolk	123	Bristol	6
Middlesex	50	Plymouth	5
Hampden	11	Worcester	4
Norfolk	11	Hampshire	1
Barnstable	11	Berkshire	1
Essex	9	Franklin	1

Note: Sixty-three of the 296 reported cases were not residents of Massachusetts when symptoms first appeared. These patients were subsequently diagnosed and cared for in the Commonwealth.

FACTS ABOUT AIDS: STATE AND NATIONAL COMPARISONS

Total Cases as of 7-1-85	Massachusetts (296) No.	(%)	United States (11,352) No.	(%)
By Residence				
City of Boston	119	(40)		
*Remainder SMSA	79	(27)		
Remainder State	35	(12)		
Out-of-State	63	(21)		
Primary Risk Factors (Adult)	292		11,219	
Homosexual	215	(73)	8,222	(73)
I.V. Drug	28	(10)	1,914	(17)
Hemophilia	3	(1)	73	(1)
Transfusion Associated (TA)	9	(3)	163	(1)
Heterosexual Contact	3	(1)	110	(1)
**Other/Unknown	34	(12)	737	(7)
Primary Risk Factors (Pediatric)	4		133	
Parent with AIDS/or at increased risk for AIDS	3	(75)	97	(73)
Hemophilia	1	(25)	7	(5)
Transfusion Associated	0	(--)	18	(14)
**Other/Unknown	0	(--)	11	(8)
Primary Diagnosis				
Pneumocystis carinii Pneumonia (PCP)	149	(50)	6,435	(57)
Kaposi's Sarcoma (KS)	79	(27)	2,287	(20)
PCP + KS	14	(5)	661	(6)
Other Opportunistic Infections	54	(18)	1,969	(17)
Sex				
Male	278	(94)	10,562	(93)
Female	18	(6)	790	(7)
Condition				
Alive	166	(56)	5,669	(50)
Dead	130	(44)	5,683	(50)
Race				
White	224	(75)	6,735	(59)
Black	52	(18)	2,855	(25)
Other/Unknown	20	(7)	1,762	(16)

*Refers to the Standard Metropolitan Statistical Area within Route 495.

**Other/Unknown category includes cases without any of the known risk factors and persons born in countries in which most AIDS cases have not been associated with known risk factors.

AIDS CASE DEFINITION REVISED

Laboratory tests to detect antibodies to human T-cell lymphotropic virus type III/lymphodenopathy-associated virus (HTLV-III/LAV) now permit other serious conditions to be included in the acquired immuno-deficiency syndrome. The following revisions to the current CDC definition were adopted in June 1985 by the Conference of State and Territorial Epidemiologists (CSTE):

1. In the absence of the opportunistic diseases required by the current case definition, any of the following diseases will be considered indicative of AIDS if the patient has a positive serologic or virologic test for HTLV-III/LAV:

   a) disseminated histoplasmosis (not confined to lungs or lymph nodes), diagnosed by culture, histology, or antigen detection;

   b) isosporiasis, causing chronic diarrhea (over 1 month), diagnosed by histology or stool microscopy;

   c) bronchial or pulmonary candidiasis, diagnosed by microscopy or by presence of characteristic white plaques grossly on the bronchial mucosa (not by culture alone);

   d) non-Hodgkin's lymphoma of high-grade pathologic type (diffuse, undifferentiated) and of B-cell or unknown immunologic phenotype, diagnosed by biopsy;

   e) histologically confirmed Kaposi's sarcoma in patients who are 60 years old or older when diagnosed.

2. In the absence of the opportunistic diseases required by the current case definition, a histologically confirmed diagnosis of chronic lymphoid interstitial pneumonitis in a child (under 13 years of age) will be considered indicative of AIDS unless test(s) for HTLV-III/LAV are negative.

3. Patients who have a lymphoreticular malignancy diagnosed more than 3 months after the diagnosis of an opportunistic disease used as a marker for AIDS will no longer be excluded as AIDS cases.

4. To increase the specificity of the case definition, patients will be excluded as AIDS cases if they have a negative result on testing for serum antibody to HTLV-III/LAV, have no other type of HTLV-III/LAV test with a positive results, and do not have a low number of T-helper lymphocytes or a low ratio of T-helper to T-suppressor lymphocytes. In the absence of test results, patients satisfying all other criteria in the definition will continue to be included.

Editorial Comment:

The change in the case definition should not result in a major increase in HTLV-III antibody testing, because serologic results are not required in cases with the typical AIDS-related opportunistic infections. Only individuals with the above infections require a positive antibody result to meet the case definition. An individual with a positive anti-HTLV-III result but who does not have an opportunistic infection should not be reported. CDC expects that the above modifications in the case definition will result in reclassification of less than 1% of previously reported cases and that the number of new additional cases will be small.

STATE REGULATES HTLV-III ANTIBODY TESTING

On June 11, 1985 the Massachusetts Public Health Council, the policy-making body of the Department of Public Health approved regulations governing laboratory testing for antibodies to human T-cell lymphotropic virus type III (HTLV-III).

The new requirements added to laboratory licensing regulations will ensure that test results are maintained in strict confidence, and that individuals are informed about the limitations of the test and are aware that the prognostic significance of a positive test in the absence of symptoms has yet to be determined.

Any independent or hospital clinical laboratory seeking approval to perform HTLV-III antibody testing should contact Ms. Sharon Rondeau, Department of Public Health at 727-5416 for further information concerning the new licensing standards for HTLV-III antibody testing.

ART CETERA '85

The AIDS Action Committee is sponsoring an Art Auction, Saturday, September 21, 1985 at Boston City Hall. The itinerary is as follows:

6:30 - 8:00	Cocktails, hors d'oeuvres, and preview of art
8:00 - 10:00	Auction
10:00 - 11:00	Coffee, Cordials and Dessert

Ticket Price $50.00

This affair will be co-chaired by Governor Michael S. Dukakis and Mrs. Kitty Dukakis, Mayor Raymond Flynn and Mrs. Kathy Flynn. The art work is being handled by Robert Woolley of Sotheby's of New York. More than $85,000 of art has been donated, from internationally recognized and local artists. This function is being supported by Senators Edward M. Kennedy, John F. Kerry and Speaker of the House of Representatives Thomas P. ("Tip") O'Neill, Jr. For more information call the AIDS Action Committee at 536-7733.

For case reporting of AIDS patients meeting the CDC case definition, please notify:

George R. Seage III, M.P.H. or Laurie Kunches, M.P.H.
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AIDS NEWSLETTER

a monthly publication from the
Massachusetts Department of Public Health/Boston Department of Health and Hospitals
Vol. 1 August, 1985 No. 7

UPDATE

Twenty-eight new cases of Acquired Immune Deficiency Syndrome (AIDS) were reported to the joint surveillance program during the month of July. This number represents the highest monthly total since the AIDS surveillance program began three years ago. Two of the new cases were among patients who meet the expanded CDC case definition discussed in the July newsletter.

AIDS CASES ACCORDING TO REPORTING INSTITUTION AND YEAR OF DIAGNOSIS

Institution	Cumulative Case Reports as of August '84 No.	(%)	as of August '85 No.	(%)
Beth Israel Hospital	11	(9)	28	(9)
Boston City Hospital	7	(6)	22	(7)
Brigham & Women's Hospital	8	(6)	17	(5)
Carney Hospital	2	(2)	6	(2)
Harvard Community Health Plan	1	(1)	3	(1)
Massachusetts General Hospital	26	(20)	61	(19)
New England Deaconess Hospital	29	(22)	90	(28)
New England Medical Center	5	(4)	13	(4)
University Hospital	3	(2)	11	(3)
V.A. Medical Center	1	(1)	5	(1)
Other Boston Hospitals	7	(6)	5	(1)
Non-Boston Hospitals	9	(7)	41	(13)
CDC/MDPH	18	(14)	22	(7)
Total	127	(100)	324	(100)

REPORTED AIDS CASES ACCORDING TO COUNTY OF RESIDENCE

Suffolk	129	Plymouth	5
Middlesex	56	Worcester	4
Hampden	15	Hampshire	1
Barnstable	13	Berkshire	1
Norfolk	12	Franklin	1
Essex	11	Nantucket	1
Bristol	6		

Note: Sixty-nine of the 324 reported cases were not residents of Massachusetts when symptoms first appeared. These patients were subsequently diagnosed and cared for in the Commonwealth.

For case reporting of AIDS patients meeting the CDC definition, please notify AIDS Epidemiologists George Seage or Laurie Kunches at (617) 424-4749.

FACTS ABOUT AIDS: STATE AND NATIONAL COMPARISONS

Total Cases as of 8/1/85	Massachusetts (324) No.	(%)	United States (12,256) No.	(%)
By Residence				
City of Boston	123	(38)		
*Remainder SMSA	89	(28)		
Remainder State	43	(13)		
Out-of-State	69	(21)		
Primary Risk Factors (Adult)	324		12,107	
Homosexual	235	(73)	8,861	(73)
I.V. Drug	33	(10)	2,082	(17)
Hemophilia	4	(1)	75	(1)
Transfusion Associated (TA)	10	(3)	184	(2)
Heterosexual Contact	3	(1)	120	(1)
**Other/Unknown	39	(12)	785	(6)
Primary Risk Factors (Pediatric)	5		149	
Parent with AIDS/or at increased risk for AIDS	4	(80)	104	(70)
Hemophilia	1	(20)	8	(5)
Transfusion Associated	0	(—)	23	(15)
**Other/Unknown	0	(—)	14	(10)
Primary Diagnosis				
Pneumocystis carinii Pneumonia (PCP)	164	(51)	6,992	(57)
Kaposi's Sarcoma (KS)	85	(26)	2,411	(20)
PCP + KS	14	(4)	707	(6)
Other Opportunistic Infections	61	(19)	2,146	(18)
Sex				
Male	304	(94)	11,400	(93)
Female	20	(6)	856	(7)
Condition				
Alive	188	(58)	6,085	(50)
Dead	136	(42)	6,171	(50)
Race				
White	243	(75)	7,265	(59)
Black	56	(18)	3,085	(25)
Other/Unknown	25	(8)	1,906	(16)

*Refers to the Standard Metropolitan Statistical Area within Route 495.

**Other/Unknown category includes cases without any of the known risk factors and persons born in countries in which most AIDS cases have not been associated with known risk factors.

HTLV-III SEROLOGIC TESTING

Experience to Date

In the five months since the introduction of serologic testing for antibodies to Human T-Cell Lymphotropic Virus Type III much experience has been gained by various blood banks, plasma donation centers and health departments. At a U.S. Public Health Workshop convened on July 31 to assimilate this experience it was reported that routine blood donor screening by enzyme immunoassay (EIA) has prevented nearly 1,000 potentially infectious units from transfusion in the United States.

In Massachusetts, the American Red Cross Blood Services, Northeast Region has screened nearly 100,000 donated units over the period April 1 through July 21. Of this number, 244 (0.24%) units were repeatedly reactive and discarded from the Massachusetts blood supply. As has been found nationwide, approximately 80% of the repeatedly reactive specimens were not confirmable by Western Blot assay. Thus, the number of donors requiring notification (as true HTLV-III antibody positive) is much smaller than the number of units of blood diverted from transfusion.

In contrast to experience with random blood donors, the specificity of HTLV-III antibody positively by EIA in homosexual males at a San Francisco Sexually Transmitted Disease Clinic was shown to be high. Sixty per cent (43/72) of HTLV-III positive by EIA yielded HTLV-III virus on culture, whereas none (0/70) of the HTLV-III negative subjects were virus positive.

HTLV-III Education, Counseling and Screening

The Alternative Testing Site (ATS) Program sponsored by the Massachusetts Department of Public Health has provided services for approximately 500 persons at risk for developing AIDS. In addition to providing screening and counseling services in an appropriate setting, the program has been very successful in disseminating accurate risk reduction information to those concerned about possible exposure to HTLV-III. For information about ATS services, please contact Mr. Robert Carwell at (617) 522-4090.

Laboratory Services

On August 13th, the Massachusetts Public Health Council granted approval to the American Red Cross Blood Services, and CBR Laboratories, Inc., a subsidiary of the Center for Blood Research, to perform HTLV-III serologic testing. Both laboratories have implemented procedures which should ensure patient confidentiality and informed consent. Specific requisition forms and more information can be obtained by calling at Red Cross, Technical Specialist Laura Lindberg (617) 449-0773, Ext. 396 or at CBR, Client Services (617) 731-6470, Ext. 356.

CALENDAR

Saturday, September 21

ART CETERA '85
Black Tie Art Auction Fundraiser
sponsored by AIDS Action Committee
For more information and tickets call 536-7733

Friday, October 4

Massachusetts Association for Medical Technology (MAMT) Semi-annual Conference
at the Sheraton/Boxboro Inn

All day program features: Serologic testing and Hepatitis, HTLV-III Antibody Testing and Medical Laboratory Legislation

Fee: Members $47, non-members $84, students $28
Lunch and cocktail reception included.

To register by mail, send check payable to MAMT to: Jane Tirrell, 64 Doane Street, Cohasset, MA 02025

For more information, contact Joanne Dickie, MT(ASCP) at (617) 685-3361

Friday, November 8

Conference on AIDS
for Health and Public Service Personnel
Boston Park Plaza Hotel

Local Sponsors: Harvard University Medical School, The Children's Hospital, AIDS Action Committee and City of Boston Department of Health and Hospitals.
In cooperation with the National Institute of Allergy and Infectious Diseases (NIAID) and National Institutes of Health, PHS, DHHS.

Please contact sponsoring institutions for more information and registration materials.

Boston Department of Health and Hospitals
House Officers Building, Room 321
818 Harrison Avenue
Boston, MA 02118

AIDS NEWSLETTER

a monthly publication from the
Massachusetts Department of Public Health/Boston Department of Health and Hospitals
Vol. 1 September, 1985 No. 8

UPDATE

Twenty-one new cases of Acquired Immune Deficiency Syndrome (AIDS) were reported to the joint surveillance program during the month of August. Two of the new cases were among children, bringing the cumulative total for pediatric AIDS in Massachusetts to seven. Three of these children have died; of the remaining four, two are school age children with hemophilia who have contracted AIDS through infective blood clotting preparations.

AIDS CASES ACCORDING TO REPORTING INSTITUTION AND YEAR OF DIAGNOSIS

Institution	Cumulative Case Reports as of September '84 No.	(%)	as of September '85 No.	(%)
Beth Israel Hospital	11	(8)	29	(8)
Boston City Hospital	8	(6)	23	(7)
Brigham & Women's Hospital	8	(6)	19	(6)
Carney Hospital	2	(2)	7	(2)
Harvard Community Health Plan	1	(1)	3	(1)
Massachusetts General Hospital	28	(19)	63	(19)
New England Deaconess Hospital	40	(28)	97	(28)
New England Medical Center	5	(4)	14	(4)
University Hospital	4	(3)	11	(3)
V.A. Medical Center	1	(1)	5	(1)
Other Boston Hospitals	7	(5)	7	(2)
Non-Boston Hospitals	10	(7)	45	(13)
CDC/MDPH	19	(13)	22	(6)
Total	144	(100)	345	(100)

REPORTED AIDS CASES ACCORDING TO COUNTY OF RESIDENCE

Suffolk	141	Plymouth	5
Middlesex	60	Worcester	5
Hampden	15	Hampshire	1
Barnstable	13	Berkshire	1
Essex	13	Franklin	1
Norfolk	12	Nantucket	1
Bristol	6		

Note: Seventy-one of the 345 reported cases were not residents of Massachusetts when symptoms first appeared. These patients were subsequently diagnosed and cared for in the Commonwealth.

For case reporting of AIDS patients meeting the CDC definition, please notify AIDS Epidemiologists George Seage or Laurie Kunches at (617) 424-4749.

FACTS ABOUT AIDS: STATE AND NATIONAL COMPARISONS

Total Cases as of 9/1/85	Massachusetts (345) No.	(%)	United States (12,932) No.	(%)
By Residence				
City of Boston	135	(39)		
*Remainder SMSA	95	(27)		
Remainder State	44	(13)		
Out-of-State	71	(21)		
Primary Risk Factors (Adult)	338		12,767	
Homosexual	250	(74)	9,365	(73)
I.V. Drug	35	(10)	2,178	(17)
Hemophilia	3	(1)	86	(1)
Transfusion Associated (TA)	10	(3)	195	(2)
Heterosexual Contact	4	(1)	129	(1)
**Other/Unknown	36	(11)	814	(6)
Primary Risk Factors (Pediatric)	7		165	
Parent with AIDS/or at increased risk for AIDS	5	(71)	116	(70)
Hemophilia	2	(29)	9	(5)
Transfusion Associated	0	(—)	25	(15)
**Other/Unknown	0	(—)	15	(10)
Primary Diagnosis				
Pneumocystis carinii Pneumonia (PCP)	175	(51)	7,412	(57)
Kaposi's Sarcoma (KS)	90	(26)	2,512	(19)
PCP + KS	14	(4)	744	(6)
Other Opportunistic Infections	66	(19)	2,264	(18)
Sex				
Male	322	(93)	12,024	(93)
Female	23	(7)	908	(7)
Condition				
Alive	203	(59)	6,451	(50)
Dead	142	(41)	6,481	(50)
Race				
White	256	(74)	7,678	(59)
Black	61	(18)	3,251	(25)
Other/Unknown	28	(8)	2,003	(16)

*Refers to the Standard Metropolitan Statistical Area within Route 495.

**Other/Unknown category includes cases without any of the known risk factors and persons born in countries in which most AIDS cases have not been associated with known risk factors.

AIDS/Acquired Immune Deficiency Syndrome
Massachusetts School Attendance Policy*

Epidemiologic studies show that AIDS is transmitted via sexual contact or blood to blood contact. To date, there is no recorded transmission of AIDS to family members who are non-sexual contacts. This fact is also observed with medical personnel who directly care for and are exposed to AIDS cases. Since there is no evidence of casual transmission by sitting near, living in the same household, or playing together with an individual with AIDS, the following guidelines are recommended by the Governor's Task Force on AIDS for implementation in school systems throughout the Commonwealth.

1. All children diagnosed as having AIDS or with clinical evidence of infection with the AIDS associated virus (HTLV-III) and receiving medical attention are able to attend regular classes.

   A. If a child has cutaneous (skin) eruptions or weeping lesions that cannot be covered, he/she should not be in school.

   B. If the child exhibits inappropriate behavior which increases the likelihood of transmission (i.e. biting or frequent incontinence), he/she should not be in school.

   C. Children diagnosed with AIDS or with clinical evidence of infection with the AIDS associated virus (HTLV-III), who are too ill to attend school, should have an appropriate alternative education plan.

   D. Siblings of children diagnosed as having AIDS or with clinical evidence of infection with the AIDS associated virus (HTLV-III) are able to attend school without any further restrictions.

2. The child's personal physician is the primary manager of the child diagnosed as having AIDS or with clinical evidence of infection with the AIDS associated virus (HTLV-III). Management includes acting as the "gate keeper" for the child's attendance at school in accordance with the policy outlined above.

   A. The child's personal physician, after consultation with the family, is responsible for reporting cases of AIDS to the Massachusetts Department of Public Health's Division of Communicable Disease. The school superintendent will be notified and will provide assistance in identifying those educational or health care agents with an absolute need to know.

   B. Only persons with an absolute need to know should have medical knowledge of a particular student. In individual situations, the superintendent might notify one or more of the following:

   - Principal
   - School Nurse
   - Teacher

*Not Intended for Day Care.

C. Notification should be by a process that would maximally assist patient confidentiality. Ideally, this process should be direct person to person contact.

D. If school authorities believe that a child diagnosed as having AIDS or with clinical evidence of infection with the AIDS associated virus (HTLV-III) has evidence of conditions described in #1, then the school authorities can dismiss the child from the class and request authorization from the child's personal physician so that class attendance is within compliance with the school policy.

E. If school authorities and the child's personal physician are in conflict, then the case should be referred to the Department of Public Health for review by an appointed physician who would determine the permissibility of attendance.

3. Since the child diagnosed as having AIDS or with clinical evidence of infection with the AIDS Associated virus (HTLV-III) has a somewhat greater risk of encountering infections in the school setting, the child should be excluded from school if there is an outbreak of a threatening communicable disease such as chicken pox or measles until he/she is properly treated (possibly with hyperimmune gamma globulin) and/or the outbreak has no longer become a threat to the child.

4. HTLV-III screening is a blood test for detecting the presence of antibody to the HTLV-III virus. Antibodies are substances produced by white blood cells that help fight infection caused by viruses or bacteria. Testing for HTLV-III antibody is not recommended for any purposes other than to assist the child's personal physicians in a highly selected set of clinical decisions. Results of HTLV-III antibody tests are confidential and should not be reported to schools.

5. Blood or any other body fluids including vomitus and fecal or urinary incontinence in any child should be treated cautiously. It is recommended that gloves be worn when cleaning up any body fluids.

   A. These spills should be disinfected with bleach (one part bleach to ten parts water), or another disinfectant, by pouring the solution around the perimeter of the spill.

   B. All disposable materials, including gloves, should be discarded in a plastic bag. The mop should also be disinfected with the bleach solution described in 5A.

   C. Persons involved in the clean-up should wash their hands afterward.

6. In-service education of appropriate school personnel should ensure that proper medical and current information about AIDS is available.

AIDS SERVICE ACTIVITIES

Health Resource Office

The Health Resource Office (HRO) has been established within the Department of Public Health to serve as a clearinghouse and center for state-wide AIDS-related efforts. This new office will promote research and service activities and coordinate ongoing work being done throughout the state. Directed by Nancy Weiland, HRO works in close cooperation with the Governor's Task Force on AIDS in developing public health policy relating to AIDS. Stephen Wroblewski, formerly an AIDS Action Committee volunteer and a program coordinator for Medicaid, recently joined the HRO staff as state-wide AIDS coordinator. Mr. Wroblewski's primary role is coordinating and improving services available to AIDS patients.

The Massachusetts policy governing school attendance by children with AIDS or with clinical evidence of infection with HTLV-III was recently released through HRO. This policy, based on the recommendation of the Department of Public Health, is consistent with the school attendance guidelines published by the Centers for Disease Control and has been endorsed by the Massachusetts Department of Education. According to the policy, the child's ability to attend school in accordance with the specified conditions is closely monitored by the child's personal physician. The school attendance policy, in its entirety, is enclosed as a separate insert in this newsletter.

AIDS Action Committee

With grants from the Massachusetts Department of Public Health and the U.S. Conference of Mayors, the AIDS Action Committee (AAC) is expanding its outreach and education services to people at risk for developing AIDS. Anne Marie Silvia, formerly the AIDS Coordinator for the City of Boston, has joined AAC as Health Education Coordinator. Other staff members will include three health educators representing gay men, I.V. drug users and Haitian risk groups, respectively. Jean Bonnet was recently hired as the liaison to the Haitian community and Haitian social service organizations. Through his efforts, AAC aims to address the unique concerns and needs of Haitians with AIDS and their families. Mr. Bonnet can be reached Monday through Wednesday 8:30 - 4:30 at 436-2848 or 536-7733. Ms. Silvia will be working with the State and City AIDS Coordinators to provide educational services for professional and community groups throughout Massachusetts. For more information about these programs please call 536-7733.

AIDS Information Network

AIDS Action Hotline
1-800-235-2331 (state-wide, toll-free hotline)

AIDS Hotline (City of Boston)
424-5916

Massachusetts Department of Public Health
(617) 727-0368 (Health Resources Office)
(617) 522-4090 (for information on alternative testing sites)

CALENDAR

Friday, October 4

AIDS in the hospital: Staff education and management strategies

A full-day conference for hospital administrators, educators, and health care providers sponsored by the New England Deaconess Hospital.

Advance registration required. For further information, please call conference organizers Dr. Carl O'Donnell or Dr. Lydia O'Donnell at (617) 732-8331.

Wednesday, October 8

AIDS: A Status Report
Gardner Auditorium, State House
7:00 - 9:00 p.m. Public invited.

Friday, November 8

Conference on AIDS for Health and Public Service Personnel at the Boston Park Plaza Hotel

Local Sponsors: Harvard University Medical School, The Children's Hospital, AIDS Action Committee and City of Boston Department of Health and Hospitals.
In cooperation with the National Institute of Allergy and Infectious Diseases (NIAID) and National Institutes of Health, PHS, DHHS

For more information, please contact Jeanne Day at 424-4743 or Anne marie Silvia at 536-7733.

Boston Department of Health and Hospitals
House Officers Building, Room 321
818 Harrison Avenue
Boston, MA 02118

AIDS NEWSLETTER

a monthly publication from the
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 1 October, 1985 No. 10

UPDATE

Nineteen new cases of Acquired Immune Deficiency Syndrome (AIDS) were reported to the joint surveillance program during the month of September. One of the new cases occurred as a result of heterosexual transmission of HTLV-III. To date there have been five cases in Massachusetts whose primary risk factor was sexual contact with a risk group member or an AIDS patient of the opposite sex.

AIDS CASES ACCORDING TO REPORTING INSTITUTION AND YEAR OF DIAGNOSIS

Institution	Cumulative Case Reports as of October '84 No.	(%)	as of October '85 No.	(%)
Beth Israel Hospital	11	(7)	29	(8)
Boston City Hospital	9	(6)	25	(7)
Brigham & Women's Hospital	9	(6)	19	(5)
Carney Hospital	2	(1)	7	(2)
Harvard Community Health Plan	3	(2)	4	(1)
Massachusetts General Hospital	29	(19)	70	(19)
New England Deaconess Hospital	44	(29)	98	(27)
New England Medical Center	5	(3)	15	(4)
University Hospital	4	(3)	11	(3)
V.A. Medical Center	5	(3)	6	(2)
Other Boston Hospitals	3	(2)	8	(2)
Non-Boston Hospitals	11	(7)	50	(14)
CDC/MDPH	18	(12)	22	(6)
Total	153	(100)	364	(100)

REPORTED AIDS CASES ACCORDING TO COUNTY OF RESIDENCE

Suffolk	146	Worcester	6
Middlesex	64	Plymouth	5
Barnstable	16	Hampshire	1
Hampden	15	Berkshire	1
Essex	13	Franklin	1
Norfolk	13	Nantucket	1
Bristol	6		

Note: Seventy-six of the 364 reported cases were not residents of Massachusetts when symptoms first appeared. These patients were subsequently diagnosed and cared for in the Commonwealth.

For case reporting of AIDS patients meeting the CDC definition, please notify AIDS Epidemiologists George Seage or Laurie Kunches at (617) 424-4749.

FACTS ABOUT AIDS: STATE AND NATIONAL COMPARISONS

Total Cases as of 10/1/85	Massachusetts (364) No.	(%)	United States (13,611) No.	(%)
Residence				
City of Boston	140	(39)		
*Remainder SMSA	100	(27)		
Remainder State	48	(13)		
Out-of-State	76	(21)		
Primary Risk Factors (Adult)	356		13,420	
Homosexual	263	(74)	9,841	(73)
I.V. Drug	36	(10)	2,301	(17)
Hemophilia	3	(1)	95	(1)
Transfusion Associated (TA)	10	(3)	210	(2)
Heterosexual Contact	5	(1)	137	(1)
**Other/Unknown	39	(12)	836	(6)
Primary Risk Factors (Pediatric)	8		191	
Parent with AIDS/or at increased risk for AIDS	5	(63)	143	(75)
Hemophilia	2	(25)	10	(5)
Transfusion Associated	1	(12)	26	(14)
**Other/Unknown	0	(—)	12	(6)
Primary Diagnosis				
Pneumocystis carinii Pneumonia (PCP)	187	(51)	7,809	(57)
Kaposi's Sarcoma (KS)	92	(26)	2,603	(19)
PCP + KS	15	(4)	782	(6)
Other Opportunistic Infections	70	(19)	2,417	(18)
Sex				
Male	339	(93)	12,648	(93)
Female	25	(7)	963	(7)
Condition				
Alive	215	(59)	6,667	(49)
Dead	149	(41)	6,944	(51)
Race				
White	271	(75)	8,069	(59)
Black	63	(17)	3,429	(25)
Other/Unknown	30	(8)	2,113	(16)

*Refers to the Standard Metropolitan Statistical Area within Route 495.

**Other/Unknown category includes cases without any of the known risk factors and persons born in countries in which most AIDS cases have not been associated with known risk factors.

Heterosexual Transmission of HTLV-III

Epidemiologic studies show that AIDS is transmitted via sexual contact or blood to blood contact. Heterosexual contact cases are among persons who denied belonging to known AIDS risk groups, but reported sexual contact with a risk-group member or an AIDS patient of the opposite sex. Nationwide, One hundred and thirty-seven heterosexual contact cases have been reported as of September 30, 1985, which includes 122 women and 15 men. Of the 15 men, 11 have been members of the United States Armed Forces. The proportion of AIDS patients placed in this category has not changed significantly over time, both in the U.S. data as well as cases in the Commonwealth.

Serological evidence of HTLV-III/LAV infection in female prostitutes has been shown. In a study in Seattle, 5 (5%) of 92 prostitutes tested were positive on repeated enzyme immunoassay (EIA) test, while in Miami, 10 of 25 (40%) of prostitutes attending a screening clinic were HTLV-III antibody positive. Eight of the 10 seropositive women reported previous I.V. drug abuse.

Transmission of HTLV-III/LAV from bisexual men and I.V. drug users to their female sexual partners has been well established. Studies of AIDS patients from several developing countries also indicate that female to male sexual transmission of HTLV-III/LAV infection occurs in those settings. These studies have suggested that an association exists between the development of AIDS in heterosexual men and a history of contact with prostitutes. However, the evidence of this transmission in the United States has been extremely weak.

There are at least two possible explanations for the lack of data regarding female to male transmission in the United States. First, female to male transmission of HTLV-III/LAV may be less efficient than male to female transmission. This may be due to the fact that the virus has been isolated in large quantities in semen, but has not yet been isolated in vaginal secretions. Second, the proportion of infected females is relatively small. There are thus fewer women who can infect their male partners. This, together with the long latency period, explains to some extent the 8:1 female to male ratio seen in the heterosexual transmission category.

Despite the lack of strong evidence for female to male transmission of HTLV-III/LAV, it is possible that this form of transmission can occur. For this reason, all sexually active persons should realize that risk of acquiring infection is greatly increased by having sexual intercourse with members of AIDS risk groups or with persons who have sexual contacts with high risk group members. The greater the number of "unsafe" sexual contacts, the greater the risk of possible HTLV-III infection. Consistent use of condoms among both homosexuals and heterosexuals should assist in preventing infection with HTLV-III/LAV, but their true efficacy in reducing transmission is not known.

AIDS Information Network

AIDS Action Hotline
1-800-235-2331 (state-wide, toll-free hotline)

AIDS Hotline (City of Boston)
424-5916

Massachusetts Department of Public Health
(617) 727-0368 (Health Resources Office)
(617) 522-4090 (for information on alternative testing sites)

CALENDAR

Thursday, October 24	Public Health Forum on AIDS Bristol Community College, Fall River 7-9 p.m. Public invited.
Saturday, November 2	AIDS: Everyone's Concern - Fact vs. Fiction 8:30 a.m. - 5:00 p.m. at the Quincy School 855 Washington Street, Boston Registration fee: $5.00 For more information call: AIDS Action Committee 536-7733
Monday, November 4	Public Health Forum on AIDS University of Mass Medical Center, Worcester 7-9 p.m. Public invited.
Monday, November 18	Public Health Forum on AIDS Smith Baker Center, Lowell 7-9 p.m. Public invited.
Wednesday, November 20	An Informational Conference on AIDS - Myths vs. Facts Sponsored by the University of Massachusetts, Amherst and the AIDS Action Committee. 7-9:30 p.m., Mahar Auditorium, U. Mass Amherst Campus For more information call: Jean Curran at (413) 549-2641 Ext. 181 or Ann Marie Silvia at (617) 437-6200.
Friday, November 22	AIDS: A Clinical Update for the EMS Professional Sheraton Tara Hotel, Framingham Sponsored by: Massachusetts DPH and the Office of Emergency Medical Services. Registration fee: $25 (includes lunch) For more information call: (617) 727-0564.

Notice: Registration for the November 8 NIAID Conference at the Boston Park Plaza Hotel is now closed. Regrets will be sent to applicants who registered by mail after enrollment was filled.

Boston Department of Health and Hospitals
House Officers Building, Room 321
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Boston, MA 02118

AIDS NEWSLETTER

a monthly publication from the
Massachusetts Department of Public Health/Boston Department of Health and Hospitals
Vol. 1 November, 1985 No. 11

UPDATE

Thirteen new cases of Acquired Immune Deficiency Syndrome (AIDS) were reported to the joint surveillance program during the month of October. This is the lowest monthly total since April of this year. After review of the case registry, reports which predated the active surveillance program have been categorized by reporting hospital and duplicate cases have been removed. Hospitals which have reported at least five AIDS cases are now listed separately in the cumulative tabulation.

AIDS CASES ACCORDING TO REPORTING INSTITUTION AND YEAR OF DIAGNOSIS

Institution	Cumulative Case Reports as of November '84 No.	(%)	as of November '85 No.	(%)
Baystate Medical Center	5	(3)	10	(3)
Beth Israel Hospital	14	(8)	30	(8)
Boston City Hospital	11	(6)	26	(7)
Brigham & Women's Hospital	10	(6)	19	(5)
Cambridge Hospital	1	(1)	5	(1)
Carney Hospital	3	(2)	7	(2)
Harvard Community Health Plan	3	(2)	4	(1)
Lahey Clinic	4	(2)	8	(2)
Massachusetts General Hospital	31	(18)	72	(19)
Mt. Auburn Hospital	1	(1)	8	(2)
New England Deaconess Hospital	50	(29)	102	(27)
New England Medical Center	5	(3)	17	(5)
University Hospital	6	(4)	11	(3)
V.A. Medical Center	5	(3)	6	(2)
Other Boston Hospitals	3	(2)	8	(2)
Other Non-Boston Hospitals	21	(12)	42	(11)
Total	173	(100)	375	(100)

REPORTED AIDS CASES ACCORDING TO COUNTY OF RESIDENCE

Suffolk	150	Worcester	6
Middlesex	65	Plymouth	5
Barnstable	18	Hampshire	1
Hampden	15	Berkshire	1
Essex	13	Franklin	1
Norfolk	13	Nantucket	1
Bristol	8		

Note: Seventy-eight of the 375 reported cases were not residents of Massachusetts when symptoms first appeared. These patients were subsequently diagnosed and cared for in the Commonwealth.

For case reporting of AIDS patients meeting the CDC definition, please notify AIDS Epidemiologists George Seage or Laurie Kunches at (617) 424-4749.

FACTS ABOUT AIDS: STATE AND NATIONAL COMPARISONS

Total Cases as of 11/1/85	Massachusetts (375) No.	(%)	United States (14,519) No.	(%)
Residence				
City of Boston	144	(38)		
*Remainder SMSA	103	(28)		
Remainder State	50	(13)		
Out-of-State	78	(21)		
Primary Risk Factors (Adult)	367		14,313	
Homosexual	269	(73)	10,491	(73)
I.V. Drug	38	(10)	2,448	(17)
Hemophilia	3	(1)	106	(1)
Transfusion Associated (TA)	10	(3)	228	(2)
Heterosexual Contact	5	(1)	148	(1)
*Other/Unknown	42	(12)	892	(6)
Primary Risk Factors (Pediatric)	8		206	
Parent with AIDS/or at increased risk for AIDS	5	(63)	155	(75)
Hemophilia	2	(25)	10	(5)
Transfusion Associated	1	(12)	28	(14)
*Other/Unknown	0	(—)	13	(6)
Primary Diagnosis				
Pneumocystis carinii Pneumonia (PCP)	192	(51)	8,333	(57)
Kaposi's Sarcoma (KS)	94	(25)	2,737	(19)
PCP + KS	15	(4)	835	(6)
Other Opportunistic Infections	74	(20)	2,614	(18)
Sex				
Male	350	(93)	13,489	(93)
Female	25	(7)	1,030	(7)
Condition				
Alive	222	(59)	7,069	(49)
Dead	153	(41)	7,450	(51)
Race				
White	277	(74)	8,617	(59)
Black	66	(18)	3,651	(25)
Other/Unknown	32	(8)	2,251	(16)

*Refers to the Standard Metropolitan Statistical Area within Route 495.

**Other/Unknown category includes cases without any of the known risk factors and persons born in countries in which most AIDS cases have not been associated with known risk factors.

Public Health Guidelines on AIDS

In October two new AIDS policies, developed by the Governor's Task Force on AIDS, for day care settings and the food industry were approved by the Massachusetts Public Health Council. As with the school attendance policy, these new guidelines respect the unique conditions under which the virus is spread. Relevant sections of each policy are reprinted below.

Attendance of Preschool Children and the Developmentally Disabled with Clinical AIDS or Evidence of HTLV-III Infection in Group Settings

The risk of transmission of HTLV-III among preschool-aged children and the developmentally disabled in a structured setting outside the home raises special theoretical considerations that are not relevant in older children or with adults. Because children at this age, particularly children under 4 years of age, and the developmentally disabled, may lack control of their bodily secretions or may display behavior such as biting, there may be theoretical reasons to require a more restrictive environment for these children until more is known about transmission in these group settings.

For these reasons, preschool children with clinical AIDS or evidence of infection with HTLV-III from birth through age 3 should not attend a group setting. However, preschool children 4 and 5 years old, if not already in kindergarten, and the developmentally disabled, may attend a group setting unless there are open skin lesions that cannot be covered, or if there is biting behavior, frequent incontinence or drooling. The attendance of children 4 and 5 years of age would depend upon whether a particular facility can provide adequate supervision of that child. Special standards of supervision, and the policy in its entirety, are available through the Health Resource Office (617-727-0368).

Recommendations for Food Handlers with Clinical AIDS or Evidence of HTLV-III Infection

A diagnosis of AIDS, in and of itself, is not cause for excluding a food handler from work or for restricting that worker's activities on the job. In addition, there is no reason to exclude from the food industry members of high risk groups or those who have developed antibody to the HTLV-III virus.

The health standards for personnel are applicable to all food handlers and are clearly outlined in the Massachusetts Food Establishment Regulations. For example, any food handler with open skin eruptions, weeping lesions, or lacerations that cannot be covered with a waterproof bandage should be excused from work until the wounds have healed sufficiently. HTLV-III inactivates the body's immune system, however, and AIDS patients may eventually develop complications that would interfere with the maintenance of established food sanitation standards. A food handler with an acute respiratory infection should remain out of work until his or her symptoms have subsided. A food handler who experiences bouts of vomiting and/or diarrhea should not work until the symptoms have subsided. An employee who has contracted a foodborne illness should not work until he or she is no longer capable of transmitting disease.

CALENDAR

Friday, November 22

AIDS: A Clinical Update for the EMS Professional
Sheraton Tara Hotel, Framingham
Sponsored by: Massachusetts DPH
and the Office of Emergency Medical Services
Registration fee: $25 (includes lunch)
For more information call: (616) 727-0564.

Tuesday, December 3

Hepatitis and AIDS: Proper Perspective in Dentistry
6 - 10 p.m. Sponsored by the Leonard Morse Hospital,
67 Union Street, Natick
Registration fee: $65 includes dinner.
For more information call: 653-3400 X2140

Lecture on AIDS with guest speaker Dr. Martin Ostrow
7 - 9 p.m. — DeVeber Conference Center
Sponsored by Waltham-Weston Hospital
Free to the general public
To pre-register call: 647-6247

Wednesday, December 4

Public Health Forum on AIDS
Springfield Technical Community College
7 - 9 p.m. Public invited.

Monday, December 9

Public Health Forum on AIDS
Cape Cod Community College, Barnstable
7 - 9 p.m. Public invited.

Boston Department of Health and Hospitals
House Officers Building, Room 321
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AIDS NEWSLETTER

a monthly publication from the
Massachusetts Department of Public Health/Boston Department of Health and Hospitals

Vol. 1 **December, 1985** **No. 12**

UPDATE

Twenty-two new cases of Acquired Immune Deficiency Syndrome (AIDS) were reported to the joint surveillance program during the month of November. An average of 21 new cases of AIDS per month were reported in the Commonwealth over the last six months. This represents a 50% increase in the monthly average over the 14 cases per month seen in the previous six months.

AIDS CASES ACCORDING TO REPORTING INSTITUTION AND YEAR OF DIAGNOSIS

Institution	Cumulative Case Reports as of December '84 No.	(%)	as of December '85 No.	(%)
Baystate Medical Center	6	(3)	10	(3)
Beth Israel Hospital	16	(9)	32	(8)
Boston City Hospital	11	(6)	26	(6)
Brigham & Women's Hospital	11	(6)	21	(5)
Cambridge Hospital	1	(1)	5	(1)
Carney Hospital	3	(2)	7	(2)
Harvard Community Health Plan	3	(2)	4	(1)
Lahey Clinic	6	(3)	8	(2)
Massachusetts General Hospital	34	(18)	78	(20)
Mt. Auburn Hospital	1	(1)	8	(2)
New England Deaconess Hospital	52	(28)	110	(27)
New England Medical Center	6	(3)	17	(4)
University Hospital	6	(4)	12	(3)
V.A. Medical Center	5	(3)	6	(2)
Other Boston Hospitals	3	(2)	10	(3)
Other Non-Boston Hospitals	23	(12)	43	(11)
Total	187	(100)	397	(100)

REPORTED AIDS CASES ACCORDING TO COUNTY OF RESIDENCE

Suffolk	163	Worcester	7
Middlesex	67	Plymouth	5
Barnstable	18	Nantucket	2
Hampden	16	Hampshire	1
Essex	13	Berkshire	1
Norfolk	14	Franklin	1
Bristol	8	Dukes	0

Note: Eighty-one of the 397 reported cases were not residents of Massachusetts when symptoms first appeared. These patients were subsequently diagnosed and cared for in the Commonwealth.

For case reporting of AIDS patients meeting the CDC definition, please notify AIDS Epidemiologists George Seage or Laurie Kunches at (617) 424-4749.

FACTS ABOUT AIDS: STATE AND NATIONAL COMPARISONS

Total Cases as of 12/1/85	Massachusetts (397) No.	(%)	United States (15,172) No.	(%)
Residence				
City of Boston	157	(40)		
*Remainder SMSA	106	(27)		
Remainder State	53	(13)		
Out-of-State	81	(20)		
Primary Risk Factors (Adult)	389		14,955	
Homosexual	287	(74)	10,958	(73)
I.V. Drug	40	(10)	2,557	(17)
Hemophilia	3	(1)	115	(1)
Transfusion Associated (TA)	10	(3)	237	(2)
Heterosexual Contact	5	(1)	155	(1)
*Other/Unknown	44	(11)	933	(6)
Primary Risk Factors (Pediatric)	8		217	
Parent with AIDS/or at increased risk for AIDS	5	(63)	165	(76)
Hemophilia	2	(25)	11	(5)
Transfusion Associated	1	(12)	29	(13)
*Other/Unknown	0	(—)	12	(6)
Primary Diagnosis				
Pneumocystis carinii Pneumonia (PCP)	205	(52)	8,676	(57)
Kaposi's Sarcoma (KS)	100	(25)	2,863	(19)
PCP + KS	17	(4)	874	(6)
Other Opportunistic Infections	75	(19)	2,759	(18)
Sex				
Male	372	(94)	14,098	(93)
Female	25	(6)	1,074	(7)
Condition				
Alive	232	(58)	7,395	(49)
Dead	165	(42)	7,777	(51)
Race				
White	292	(74)	9,004	(59)
Black	72	(18)	3,815	(25)
Hispanic/Unknown	33	(8)	2,353	(16)

*Refers to the Standard Metropolitan Statistical Area within Route 495.

**Other/Unknown category includes cases without any of the known risk factors and persons born in countries in which most AIDS cases have not been associated with known risk factors.

VOLUNTARY SCREENING IN MASSACHUSETTS FOR EXPOSURE TO HTLV-III

Since April, the Department of Public Health, in conjunction with the American Red Cross Blood Services - Northeast Region and the Gay and Lesbian Counseling Services, Inc. of Boston, has offered free AIDS counseling and HTLV-III serology services to individuals at risk for developing AIDS. This "Alternative Testing Site" (ATS) program was instituted as a mechanism to prevent paradoxical increases in transfusion-transmitted AIDS. The ATS experience in Massachusetts has, in fact, demonstrated a substantial diversion of inappropriate blood donors. Nineteen of the 44 (43%) clients screened and confirmed as positive for HTLV-III exposure indicated, by anonymous questionnaire before counseling, that they would have sought the antibody test through blood donation if an alternative had not been available.

Evaluation of the ATS program indicates that the actual demand for the antibody test is significantly reduced when clients are counseled about HTLV-III transmission and practical guidelines for risk prevention. Among the 1,006 clients counseled, slightly less than half (441 or 44%) requested the test. The proportions of clients tested according to risk group status are comparable to the overall proportion counseled with the exception that I.V. drug users requested the test more frequently.

The overall seropositive rate among the screened ATS clients is 10%. Seropositive rates according to risk group are presented in the following table. The absence of seropositives in the blood product recipient and other risk* groups strengthens the previous recommendation that screening is not advised for individuals with concerns relating to low risk exposure.

HTLV-III Seropositivity among ATS Clients According to Risk Group

Risk Group	No. Tested	No. Positive	(%)
Homosexual	151	25	(17)
Bisexual	106	12	(11)
I.V. Drug User	16	1	(6)
Blood Product Recipient	15	0	(-)
Prostitute	1	0	(-)
Multiple Risk	18	3	(17)
Sex Partner at Risk	66	3	(5)
Other Risk	68	0	(-)
Total	441	44	(10)

*Other risk includes shared living or working arrangement with person at risk, occupational exposure in health care/laboratory setting, risk not specified, or persons born in countries in which most AIDS cases have not been associated with known risk factors.

(Over)

With the exception of the prostitute risk group, the number of clients screened is large enough to yield reliable estimates of HTLV-III seropositivity in a voluntarily screened population. As expected, seropositivity rates in the ATS setting are not as high as those reported in research projects and clinical settings. (Ex. HTLV-III seropositivity among homosexual men tested at alternative testing sites is 17% as compared to an overall rate of 30% reported in the literature.)

Traditionally, voluntary screening programs tend to attract healthier individuals motivated by the need for negative results as reassurance that they are not at risk for developing the disease in question. From a public health perspective, seropositivity rates based on screening data are useful in that they provide minimum estimates of HTLV-III infectivity among these risk groups in Massachusetts.

CALENDAR

Friday, January 17

AIDS and Hepatitis — Prevention, Transmission and Legal Concerns
11th Annual Yankee Dental Congress
Copley Plaza, Boston
For information, call the Division of Dental Health, Massachusetts Department of Public Health, 727-0732

Saturday, February 1

The Biology of HTLV-III Infection and Its Consequences.
A symposium for the clinician, microbiologist and basic scientist.
Sponsored by the American Society of Microbiology, Northeast Branch Marine Biological Laboratories
Woods Hole, MA
Contact Dr. Gary duMoulin, 735-5303

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